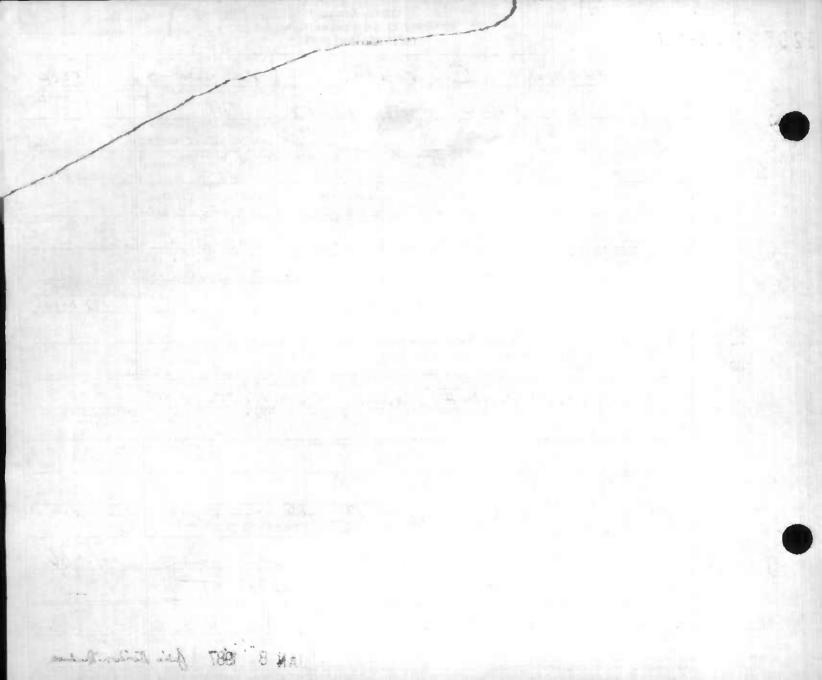
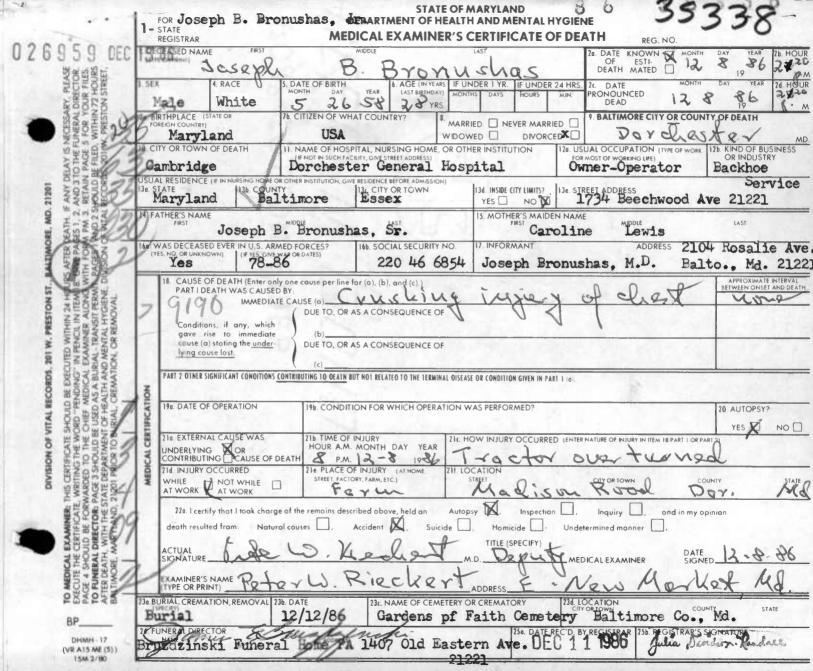
5 2   JAN	. d	FOR STATE REGISTRAR			STATE OF MARYLAND T OF HEALTH AND MENTAL HYD ROTHSCATE OF DEATH	GIENE REG. NO	3 5	3 3 /
e 4 may be ctor page 3 s offer death	I DE	CEASED NAME HERN			Bradley  AAIEV  AIE OF BIRTH  MONTH DAY YEAR  24 67	20 DATE OF DEATH MONTH	DAY YEAR  # UNDER 1 YEAR  MONTHS DATS	
offer deoth. Pog	Ma 10. €	RTHPLACE (STATE OR FOREIGN COUNTRY)  ATYLAND  ITY OR TOWN OF DEATH  Ambridge	7b. CITIZEN OF WHAT COURS A STATE OF HOSPITA (IF NOT INSUCH FACILITY, DOT CO POST OF THE STATE O	WID L, NURSING HO	ARRIED NEVER MARRIED DOWED DIVORCED DIME OR OTHER INSTITUTION HOSPITAL	9 BALTIMORE CITY OR COUN Dorchester Cou 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OWNER	unty	MD.
ecuted within 24 hours of completely lijed in the filled in beside the fill	13a S	AL RESIDENCE (IF NURSING HOME OISTATE  MD  ATHER'S NAME FIRST  Earnest  VAS DECEASED EVER IN U.S. AR	ROTHER INSTITUTION, GIVE RESID NTY 13¢ CITY hester Lin MIDDLE Bra		13d INSIDE CITY LIMITS?   YES   NO     15. MOTHER'S MAIDEN NAV   FIRST     Sophrair	13e.STREET ADDRESS / ZIP CO MD Route 50/2	DE 1835 Bradl	it .
or the death certificate by the critical property of the critical prope		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (2D BY) TE CAUSE (0)  DUE TO, OR AS A C  (b)  DUE TO, OR AS A C	ONSEQUENCE	EVMONIA OF	Bradley Linkwoo		21835 WARE INTERNAL ONSET AND DEATH 12 hours
IN. The low requires the hystrion. Icote has been signed ronsit permit. Then ple Hygiene pricar to buring those sequiniury, or 18 shows pay injury, or	CERTIFICATION	METASTATIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPER	BUT NOT RELATED TO THE TERM  / WOWW PCI MUTO ATION WAS PERFORMED  TAR  21c HOW INJURY OCCURR	100 AUTOPSY? 206. IF Y	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED
TENDING PHYSICIAN. The pital or attending physicion IOR. After this certificate for use as the buriol-transit of Health and Mental Hygies I is marked or them 18 should its marked its marked or them 18 should its marked its	MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (I) (this hosp  saw the deceased alive or obove (II) (II) (II) (II) (III) (III)	P.M.  21e PLACE OF INJUR (AT HOME STREET, FACTO	RY OFFICE FARM, ET	19 211 LOCATION STREET 12 /2 /2 / 19 84	CITY OR TOWN		STATE that (we) lost couses stated
TO HOSPITAL OR A retoined by the hosp TO FUNERAL DIREC should be detached with the Stote Dept . IMPORTANT: if them		226 SIGNATURE  226 PHYSICIAN'S NAME (TYPE O	Shiputy BENT L.	Herr	276. ADDRESS B)	MEDICAL STAFF DETRECTOR PHYSICIAN	220 DATE /2/	SIGNED 24/86
BP	230 Bu	URIAL, CREMATION, REMOVAL SPECIFY) TIAL	12-27-86		of CEMETERY OR CREMATORY aul's Cemetery	Vienna, Dorch	county nester, N	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Zeller Funeral Home, East New Market, MD





The term of the second of the taryani (Sara Lemeral costital Camer-Operator Enodron 301A0 ASSESS OF THE PROPERTY OF THE education of Lance of THESE SERVICES CONTRACTOR FOR THE SERVICE STATE OF THE SERVICE SERV able all resulting the real life in the last a life in the - I special to the court of the

430 DEC	71	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE REG. N	<b>ý</b> 10.	S & 3 7			
e 6.4		DECEASED NAME FIRST GENNETTE MARCUM BROOKS 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR PROOKS 12 11 88 7194									
poge 3		Bea			Rocks		12 11	86 7-A			
	3 SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UP				
ge 4 urs offi		FEMALE	CAU.		pt. 10,1903	83	YRS.				
Po de Cal		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	IED NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF	DEATH			
Co George		KENTUCKY	U.S.A.		VED X DIVORCED	DORCHI	ESTER	M			
the to	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 1	Zb. KIND OF BUSINESS ONDUSTRY			
s of led	10	CAMBRIDGE			AL HSOPITAL	NURSE	Dr WORKING (IFE)	HOSPITAL			
hour Lee	USU	AL RESIDENCE (IF NURSING HOM STATE 136 CC	OR OTHER INSTITUTION GIVE RESIDE		۷)	13e STREET ADDRESS	/ 710 CODE	HODI IIAH			
filled 24				MBRIDGE	13d. INSIDE CITY LIMITS?			ve., 2161:			
ithin by the state of the state	_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	Julia 1.				
3 23 4		PHILIP	WIDDIE WIDDIE	RCUM	LOTTIE	WIDDLE		FARMER			
S C S C S C S C S C S C S C S C S C S C	160	WAS DECEASED EVER IN U.S.		IAL SECURITY NO		THORY PAPPE	So., Md				
n and c		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	_12_18/	9 Mrs. Jean						
ficate be papers. I saval.		r l	anly ane cause per the far to		MIS. Dean	D. Jelikii	15, 191	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
been signed mit. Then pled prior to burial any injury, ar	CERTIFICATION	PARTY OTHER SIGNIFICAN PO Jeus 190 DATE OF OPERATION	mirabilis	SKING TO DEATH &		MINAL DISEASE OR CON  200 AUTOPSY?	IDITION GIVEN I	ERE FINDINGS USED			
hos hos	1 <u>ĕ</u>	-				YES NO NO	IN CERTIFYING	G CAUSES OF DEATH?			
SICIAN: The physicial properties of the physicial physicial properties of the physicial physic	GR.	21a. ACCIDENT WAS UNDERLYING	- 110110 1 11 110		21c. HOW INJURY OCCUR	4.5	_				
Atd the Party		OR CONTRIBUTING CAUSE OF		NTH DAY YEA							
O N D T	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR	Y	211 LOCATION	CITY OD 37	Name :	COUNTY STATE			
G P er the sthe	×	WHILE NOT WHILE	(AT HOME STREET, FACTOR	RY, OFFICE, FARM ETC )	SINEE	CITY OR TO	JWN	- d			
DIN pr a se e se e se e me		220 I certify that The his ho	ispital) attended the decease	ed fram	DV 24 19 86	Dec Dec	11 19	, that (1) (we) la			
TTEN ortal TOR for u		saw the deceased alive	an Dec 10	1986	and that in (my) (our) apinian	death accurred an the d	ate and haur and				
REC REC tem		22b. SIGNATURE	nat) view the bady atta dea	th.	DEGREE			22c. DATE SIGNED			
the the Person		S day 11	Khy Toul	n /	4D ATTENDING	MEDICAL STA	FF CLANIC	12/11/86			
HOSPITAL ned by the FUNERAL uld be det to the State ORTANT:	4	22d PHYSICIAN'S NAME (1)	II CH HAND		22e ADDRESS	CIO					
7 7 7 7		Edmund d	Machang	hlin	10 Auror	e th Ca	mbrids.	e Med 210			
0 pg 0 pg 8 M	23a	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION	ro	UNITY STATE			
BP		burial	12/13/86	Dorch	ester Mem. I						
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR Cur	ran Funeral	ADHOMA	25a DAT	E REC'D. BY REGISTRAR					
(VRA 15, 4)		308 Hig	h St Cami	oridge.	MD.21613	101986	Adia Deo	ideope Kondalls			

027 E80 IT 1745 121 1 1 1 1 1 1 Simsh of selections and the state of t 2/2/2/25 Everyof Fifte Lingle 12 hours of County of met

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 16 400 M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH

> Dorchester Co. 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

MONTH

REG. NO.

20. DATE OF DEATH

Retired 13e STREET ADDRESS / ZIP CODE 109 Mimosa Drive

Somers

20b. IF YES, WERE FINDINGS USED

Betty ADDRESS Louise G. Byrd Item # 13

MIDDLE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21f LOCATION

20g AUTOPSY?

COUNTY

25 HOUR

and that in (my) our opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

77e ADDRESS

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

(SPECIPBurial

12/13/86

231. NAME OF CEMETERY OR CREMATORY Dor. Memorial Park

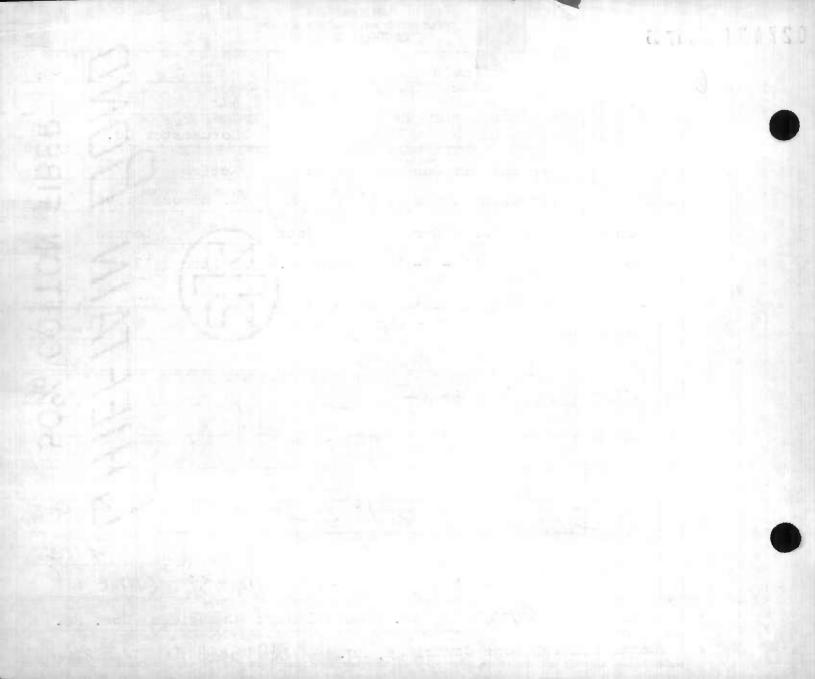
Cambridge

Dor. Md.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Thomas Funeral Home Cambridge, Md. 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)



H. Boardley 812 Hubbarts St. Camb21

028027

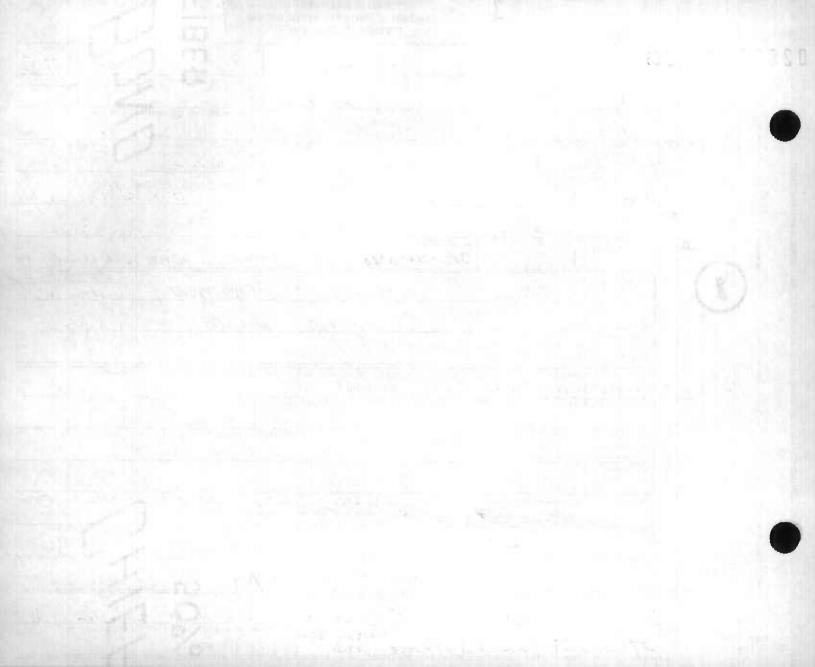
24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		€. G. NO.	<b>5</b>	org offer
02696gg DEC 1	5 To	CEASED NAME FIRST	A	MIDDIE	CH	15LEY	2a DATE OF DEA	TH MONTH	7 86	10,35m
Page 4 may b director. page	3 SE:		4 RACE	WHAT COUNTRY	S DATE O	2-5 /897	6. AGE IN YEARS LA	YRS.	IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
deoth.	(	TY OR TOWN OF DEATH	U.	5.	WIDOWE	DIVORCED DIVORCED DIVORCED	DO	CRES	46/	MD. F BUSINESS OR
201 s offer filled with	1	CAMBRIDGE	IF NOT IN SU	CH FACILITY, GIVE STREET	N H	K OTHER INSTITUTION	TYPE OF WORK FOR M	OST OF WORKING		F BUSINESS OR
ecuted within 24 hou of completely filled in les, I and 2 should be lice, I and 2 should be lice, examine myster	13a. S	AL RESIDENCE IF NURSING HOME- STATE 13b. COL  ATTHER'S NAME FIRST  VAS DECEASED EVER IN U.S. A VES NO OR JUNNOWN)  18 75 8.0	cheste- MIDDIE KNOWN	136 SOCIAL SEC	CURITY NO.	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NO FIRST 17 INFORMANT	AID	BOX	Aus 7	widd Md.
ALTIMO	_	18 CAUSE OF DEATH (Enter of		212 - Y		SEZENA PIN	DER	POBOX		MATE INTERVAL DNSET AND DEATH
ST., B		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	V	NYOCA	RDIAL 11	WFARITI	DW .		UNTES
ires that the death good by the attent on please remove to burral, cremation, ry, or other traumat		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANI	(b) DUE TO, C	DR AS A CONSEQ	UENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION G	GIVEN IN PART 310	25
ne low requebons.  To permit. The energy of the proof of the prior to own on prior to own on prior to own on prior to own on prior to own.	CERTIFICATION	190 DATE OF OPERATION	0435,	CUA- DITION FOR WHIC	H OPERATION	HBP N WAS PERFORMED	200 AUTOPSY	IN CER	ES, WERE FINDING CAUSES	
DIVISION OF VITA	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL FXAMIN 214. INJURY OCCURRED	EATH HOUR A	A.M. MONTH  A.M. MONTH  A.M.  A.M.	DAY YEAR	211. HOW INJURY OCCUP	RRED (ENTER NATURE C	F INJURY IN ITEM T	8 PARI I OR PARI 2}	
DIVISION or attending or attending or attending of the bu	MEG	WHILE NOT WHILE AT WORK		TREET FACTORY OFFICE	E FARM ETC )	STREET	CITY	OR TOWN	COUNTY	STATE
TEND red or TOR: A or use of Heal		22a.1 certify that (1) (this has sow the deceased alive cobove (1) the (1) (did 1)	12/3	19	86 on	d that ir (my) (our) opinion	death occurred on	the date and h		
O HOSPITAL OR AT TO FUNE BY THE HOSPITAL OR AT TO FUNERAL DIRECTOR With the Store Dept. WHO THE STORE DEPT.		224 PHYSICIAN'S NAME (TYPE	Cubat-	J Fre	uj'	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL PI	STAFF HYSICIAN [	14	7/84
TO HOS retained TO FUN should be with the IMPORT	23a I	SURIAL, CREMATION, REMOVA	BERT 1236. DATE	1- TE		STO3 /	123d LOCATION	5/		
BP DHMH - 16 50M 4/83	1	Marial UNERAL DIRECTOR	12/1	0/86 0	Vater's	Cene.	TE REC'D. BY REGIS	ck. J	STRAR'S SIGNAT	URE STATE
(VRA 15, 4)		Mewa-1	June	-al /80	me,	indi	EC 1 1 198	361/11	The dary.	

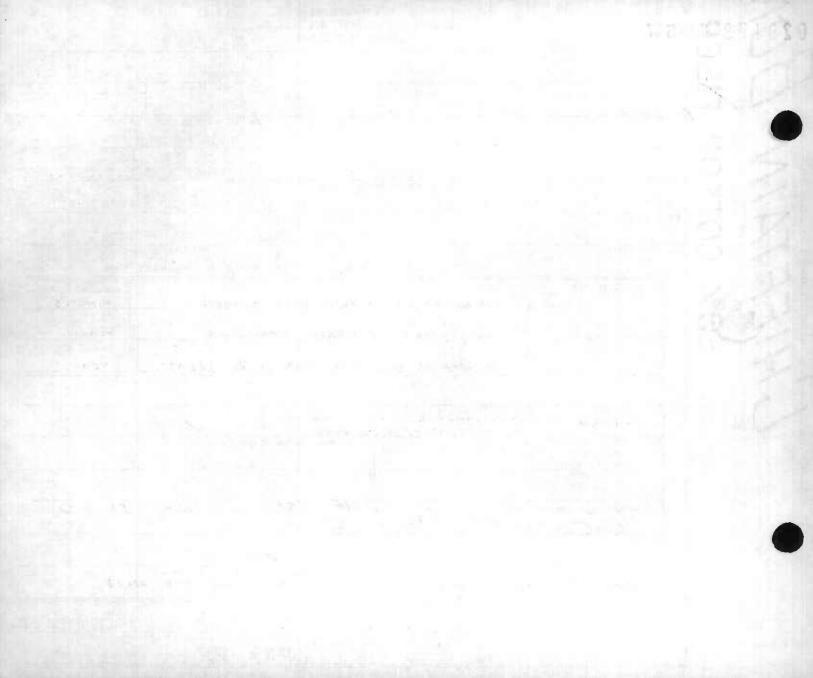


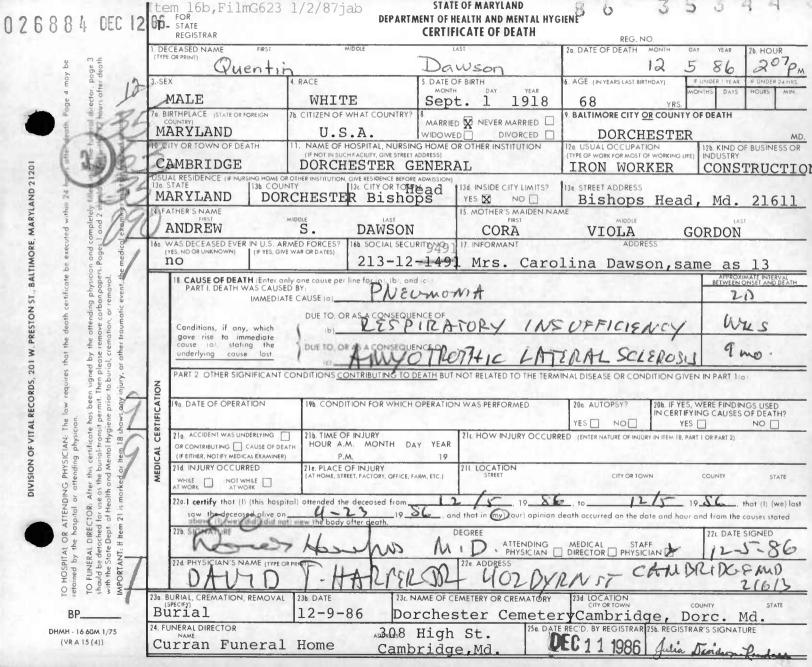
STATE OF MARYLAND

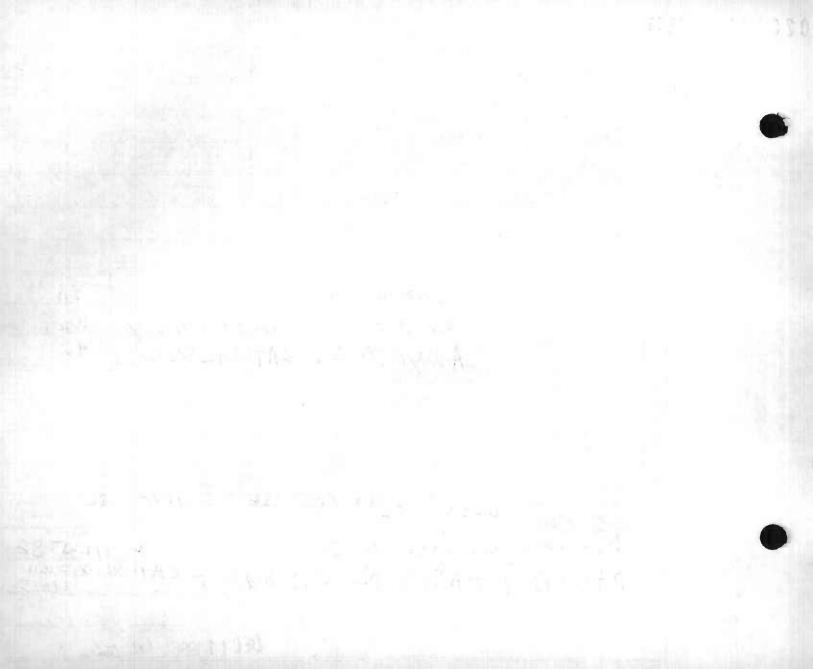
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ECEASED NAME					REG. N			
DOM PROVE	FIRST	MIDDLE	L	AST	20. DATE OF DEATH		YEAR	b. HOUR
JUDITH	MARY	SCHWAI	RTZ CUN	NINGHAM	DECEMBER	29.	1986	a.,
EX :	4. RACE		5. DATE O	F BIRTH		THDAY) IF	UNDER I YEAR	F UNDER 24 HRS
FEMALE	IV.	HITE			50		NIHS DAYS	HOURS MIN.
EIRTHPLACE STATE OR FO			TRY? 8				FDEATH	
ILLINOIS		U.S.A.			DORCE	ESTER		MD.
CITY OR TOWN OF DEA		AE OF HOSPITAL, NU		ROTHER INSTITUTION	12a USUAL OCCUPATI	ON		BUSINESS OR
CAMBRIDO				L HOSPITAL				EPT.AG
JAL RESIDENCE (IF NURSING	NG HOME OR OTHER INST			1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP CODE	2161	3
ARYLAND	DORCHES			YES NO X				
	MIDDLE	LAST					1451	
JOHN					NES NUSKO	)	SCHWAI	RTZ
			SECURITY NO.	17 INFORMANT	ADDRE	SAM	E AS	13E)
NO			28-1885	MR. ALBERT	EDWIN CU	UNNING	HAM	
		use per line far (a), (b	or, and Ici.I	THE			APPROXIM BETWEEN ON	ATE INTERVAL
PARTI. DEATH WA	IMMEDIATE CAUSE	(a) CARDIOVA	SCULAR	4 RESPIRATORY	COLLAPSE		MINE	TES
		(b) GENERAL	IZED A	ETASTATIC CO	RCINONA		YEMA	3
cause (a), stating	the DUE	TO, OR AS A CONS	EOUENCE OF					
underlying cause	last	( INFILTRAT	TNG- DUCT	CARCINOMA	OF RT. GRE	MST	YEM	RS
PART 2 OTHER SIGN	IFICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
		ALC: NO STATE OF THE PARTY OF T						
19a DATE OF OPERAT				N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V	VERE FINDING	S USED
1-6-84	+ 10	BREAST, 1	DULT C	D NODES	YES NO	IN CERTIFYIN	G CAUSES C	S USED F DEATH?
1-6-84	ERLYING 216. 1	BREAST 1	1 0F 12 (	ARCINGMA OF	YES NO	IN CERTIFYIN	G CAUSES C	FDEATH?
1-6-84	ERLYING 21b. 1	BREAST, 1	1 0F 12 (	D NODES	YES NO	IN CERTIFYIN	G CAUSES C	FDEATH?
1-6-84  210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC.)  21d. INJURY OCCURRI	ERLYING 21b. 1 AUSE OF DEATH AL EXAMINER 1 ED 21e F	IME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY	DAY YEAR 19	D NODES	YES NO	IN CERTIFYIN YES [	G CAUSES C	FDEATH?
210. ACCIDENT WAS UNDER	ERLYING 21b. 1 AUSE OF DEATH AL EXAMINER 1 ED 21e F	FINTRATING BREDST, I TIME OF INJURY UR A.M. MONTH P.M.	DAY YEAR 19	216. HOW INJURY OCCURS	YES NO P	IN CERTIFYIN YES [	OR PART 2)	FDEATH?
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.  21d. INJURY OCCURRI  C. NOT WHITE AL WORL  22a.1 certify that	ERLYING   21b. 1 AUSE OF DEATH AL EXAMINER   ED   21e F (AT H)  whis hospital) often	FINE OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY, OF	DAY YEAR 19 Complete (CE, FARM, E1C)	21c. HOW INJURY OCCURS  21c. LOCATION STREET  19 51	YES NO PER NATURE OF INJUING CITY OR TO	IN CERTIFYIN YES [ RY IN ITEM TB PART WN	OCOUNTY	STATE
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.  21d. INJURY OCCURRI  C. NOT WHITE AL WORL  22a.1 certify that	ERLYING   21b. 1 AUSE OF DEATH AL EXAMINER   ED   21e F (AT H)  whis hospital) often	FINE OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY, OF	DAY YEAR 19 Complete (CE, FARM, E1C)	21c. HOW INJURY OCCURS  21f. LOCATION STREET	YES NO PER NATURE OF INJUING CITY OR TO	IN CERTIFYIN YES [ RY IN ITEM TB PART WN	OCOUNTY	STATE
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.  21d. INJURY OCCURRI  C. NOT WHITE AL WORL  22a.1 certify that	ERLYING 216. 1 AUSE OF DEATH AL EXAMINER 1 ED 21e F (AT H) K	FINE OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY, OF	DAY YEAR 19 On 19 19 19 19 19	211. LOCATION STREET  214 that in my (our) apinion of	YES NO PER NATURE OF INJUI	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  -27 19, ate and hour ai	OCOUNTY	STATE  STATE  uses stated
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d. INJURY OCCURRI AT WORK  22a.1 certify the decease above (I) well did	ERLYING   21b. 1 AUSE OF DEATH AL EXAMINER   ED   21e F (AT H)  whis hospital) often	FINE OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY, OF	DAY YEAR 19 On 19 19 19 19 19	21c. HOW INJURY OCCURS  21f. LOCATION STREET  19 d that in (my) (our) apinian of DEGREE  ATTENDING	YES NO PER NATURE OF INJUING CITY OR TO	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  -24, 19, ate and hour al	COUNTY  COUNTY  the fram the co	STATE  STATE  uses stated
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF ETIMER NOTIFY MEDIC. 21d. INJURY OCCURRI  AL WORL  22a.1 certify that Saw the decease obove (1) well of 22b. SIGNATURE	ERLYING   21b. 1 AUSE OF DEATH AL EXAMINER)  ED   21e F (AT H)  K  Whis hospital) aften Addid natiview the	IFITRATING  BRENTST  IME OF INJURY  UR A.M. MONTH  P.M.  PLACE OF INJURY  OME STREET, FACTORY, OF  ded the deceosed fr  1 - 4  body after death.	DAY YEAR 19 FICE, FARM, ETC)	211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN 226 ADDRESS  214. ADDRESS	YES NO DECEMBER NATURE OF INJUING CITY OR TO CITY OR TO DECEMBER AS THE CONTROL OF THE CONTROL O	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  -29 19, ate and hour at	COUNTY  COUNTY  the fram the co	STATE  STATE  uses stated
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF ETIMER NOTIFY MEDIC. 21d. INJURY OCCURRI  AL WORL  22a.1 certify that Saw the decease obove (1) well of 22b. SIGNATURE	ERLYING   21b. 1 AUSE OF DEATH AL EXAMINER)  ED   21e F (AT H)  K  Whis hospital) aften Addid natiview the	FINE OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC)	211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN 226 ADDRESS  214. ADDRESS	YES NO PER NATURE OF INJUING CITY OR TO PAYS IN THE CONTROL OF THE	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  -29 19, ate and hour at	COUNTY  COUNTY  the fram the co	STATE  STATE  uses stated
210. ACCIDENT WAS UNDED OR CONTRIBUTING CORE OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC.) 21d. INJURY OCCURRI  AND WHITE SOW THE DECESSION OF THE CORE 226. SIGNATURE  226. PHYSICIAN'S NAI  JAMES  BURIAL, CREMATION, R	ERLYING   216. T AUSE OF DEATH ALEXAMINER)  ED   21e. F (AT His hospital) attended and the color of the co	PLACE OF INJURY OME STREET, FACTORY, OF  ded the deceosed fr  1-4  bady after death.  RTER, M.D.	DAY YEAR 19  TOTAL	211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN 226 ADDRESS  214. ADDRESS	YES NO PER NATURE OF INJUING CITY OR TO CITY OR TO PHYSIC	IN CERTIFYIN YES [  RY IN ITEM IS PART  WAN  -29, 19,  ate and hour at	COUNTY  COUNTY	STATE  at (we) last uses stated
210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d. INJURY OCCURRING AI WORLD AI	ERLYING   21b. 1 AUSE OF DEATH HO ALEXAMINER)  ED   21e F (AT H)  X  Whis hospital) aften delive an delive an delive an delive an ELECTOR PRINT  REMOVAL 23b DA	PINTERTING  BRUDST  IME OF INJURY  UR A.M. MONTH  P.M.  PLACE OF INJURY  OME STREET, FACTORY, OF  ded the deceosed fr  H-4  body after death.  RTER, M.D.	DAY YEAR 19 OF 12  DAY YEAR 19 OF 19 OF 19  23c NAME OF CE	211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN  226 ADDRESS  ATTENDING PHYSICIAN  226 ADDRESS  ATTENDING PHYSICIAN  226 ADDRESS	YES NO DE NOTED LED (ENTER NATURE OF INJUI  CITY OR TO  A DECITY OR TO  CITY OR TO  CITY OR TO  CITY OR TO  A DECITY OR TOWN  CITY OR TOWN	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  -29 19 ote and hour of  FF. ITAN    RUET WD. 21	COUNTY	STATE  STATE  STATE  STATE
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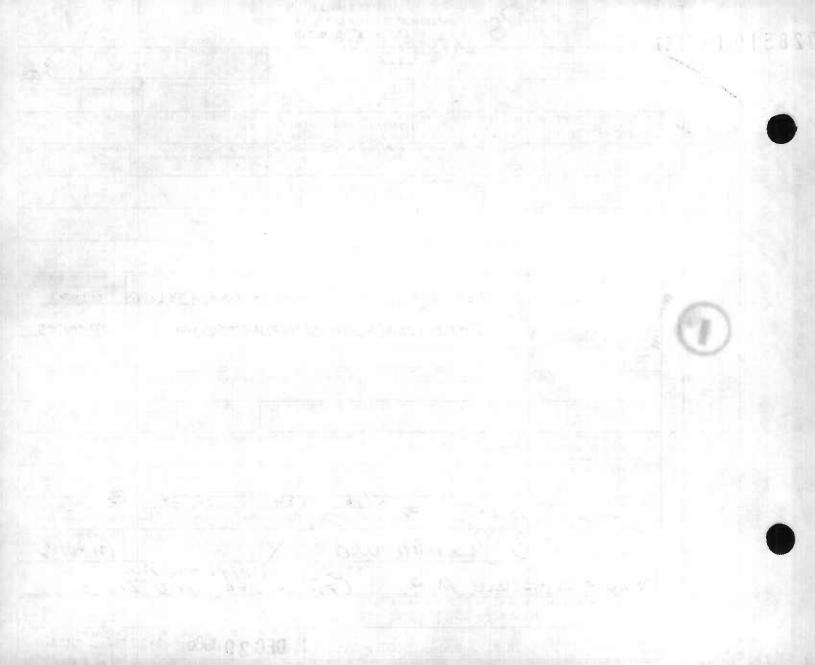
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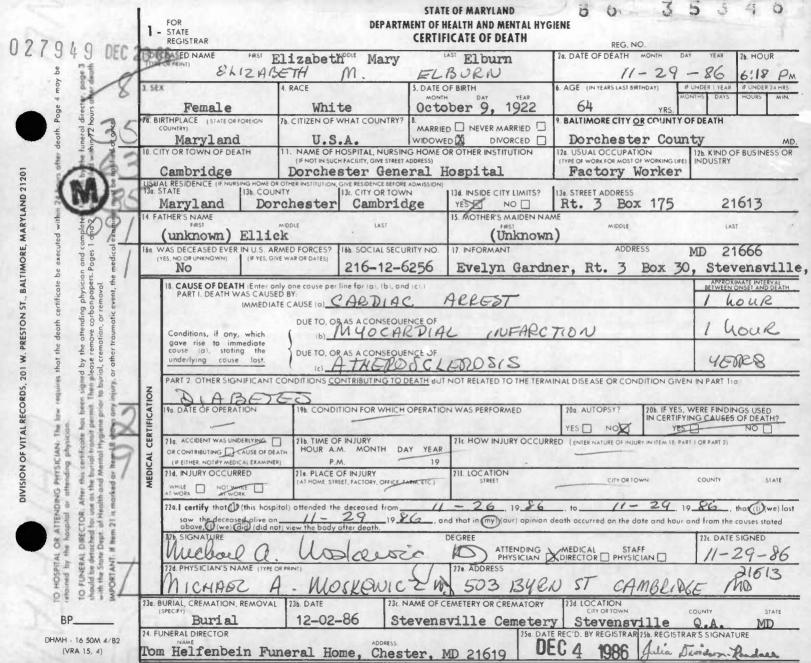






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uneral dii	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	U.S.A. WIDO	RIED NEVER MARRIED	DORCHESTE	
ours after by the filed within	10 CITY OR TOWN OF DEATH  CAMBRIDGE	11. NAME OF HOSPITAL, NURSING HOAT IF NOT IN SUCH FACILITY. GIVE STREET ADDRESS, 320 West End	Ave.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	NG (#E) 12b. KIND OF BUSINESS OF INDUSTRY HOMEMaker
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091	BOYD	CUTRIGHT	15. MOTHER'S MAIDEN NA ROSA	WE	PHILLIPI
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tysicia physicia a cerulic in transi ental Hy or Item 3	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCUR 9	RED (ENTER NATURE OF INJURY IN ITEA	a 18, PART I OR PART 2)
DING Parter th After the burn the and N	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTER Neighbli or. DIRECTOR Net for use hept of Hea		ital) attended the deceased from 19 86 III view the bady after death.	, and that (Caur) apinian DEGREE	, ta 1424 death accurred an the date and	haur and fram the causes stated
HOSPITAL ined by the FUNERAL I on the Suse D	270 PHYSICIAN'S NAME (TYPE O		220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	
BP	230. BURIAL, CREMATION, REMOVAL BURIAL		FCEMETERY OR CREMATORY ette Mem'l. C	23d LOCATION CITY OR TOWN em. Brier Hi	11, Fayette, Pe
DHMH-16 25M (VRA 15 4) 1/79	24 FUNERAL DIRECTOR CURRAN FUNERA		E MARVIANI		





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noy be page 3 ;r death		CEASED NAME FIRST	MIDI	DLE	Er	nglish	REG. NO.  28. DATE OF DEATH MONTH	4/86	26 HOUR
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SI. BA		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	nly one couse per lin ED BY: .TE CAUSE (o)	Suddle	u C	suliae an	vest	BETWEENO	MATE INTERVAL DINSET AND DEATH
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201 W. P		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE						yrs,
ordos, require real sign in the beauty yinjury	ATION	196 DATE OF OPERATION	alvete,	C	se v	NOTIFE TES TO THE TERM WAS PERFORMED	Severe .	304 ES, WERE FINDIN	VV A
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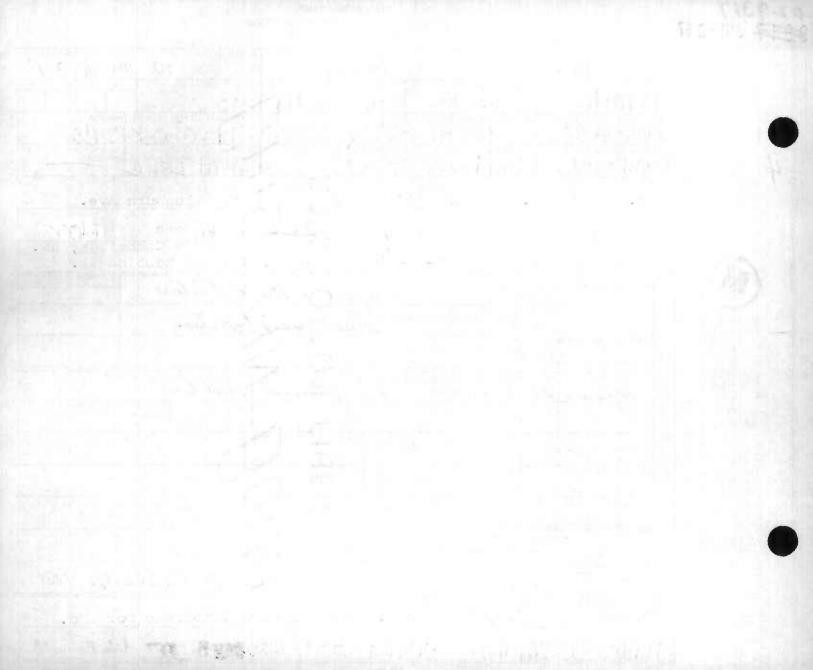
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN DAY MONTH 2b. HOUR (TYPE OR PRINT) ESTI-ESSARY, PLEASE LEAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS DEATH MATED ROSE 1986 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE 58 RTHDAY) PRONOUNCED 1928 Female White 11:15 DEAD YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL WIDOWED DIVORCED Dorchester County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Domestic FOR MOST OF WORKING LIFE)
Housewife Cambridge Dorchester General Hosp. Northampton Eastville 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rt. 666 YES [] NO K IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Charles Schafer Nora Woodie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (YES NO OR UNKNOWN) 492-26-7304 Ray Mariner 339South Calhoun St. Balt. MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (9) Smoke inhalation and thermal injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 9:30 xx 12-23- 1986 Passenger of auto/auto collision with sub-21f LOCATION TIE PLACE OF INJURY (AT HOME sequent fire. STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Choptank River Bridge, Cambridge, Dorchester, MD road Autapsy X 17a I curtify that I took charge of the remains described about held an Inspection Inquiry and in my apinian steath resulted free Natural causes Undetermined manner Assistant MEDICAL EXAMINER 12-24-86 EXAMINER'S NAME Dennis F. Smyth, W.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION tand Carroll, Maryland 12-27-86 Cremation Service Hampste Cremation 24 FUNERAL DIRECTOR Marzullo Funeral Service A A PE AME (5) Upperco, Md.



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IMORE.	u	DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIA VE WAR OR DATES) 218-	14-1967	MANT N//	ADDRESS ADDRESS		
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TALOR RALDER Admiched Admiched Miller		274 SIGNATURE	) Q Q Q	DEGREE		MEDICAL STAFF	271. DATE	. 24.8Z
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DHMH - 16 50M 4/82 (VRA 15, 4)	4	MERAL DIRECTOR	H. Federa	Ishurg, md-	JAN 02	EC'D. BY REGISTRAR 25b, R	EGISTRAR'S SIGNAT	URE

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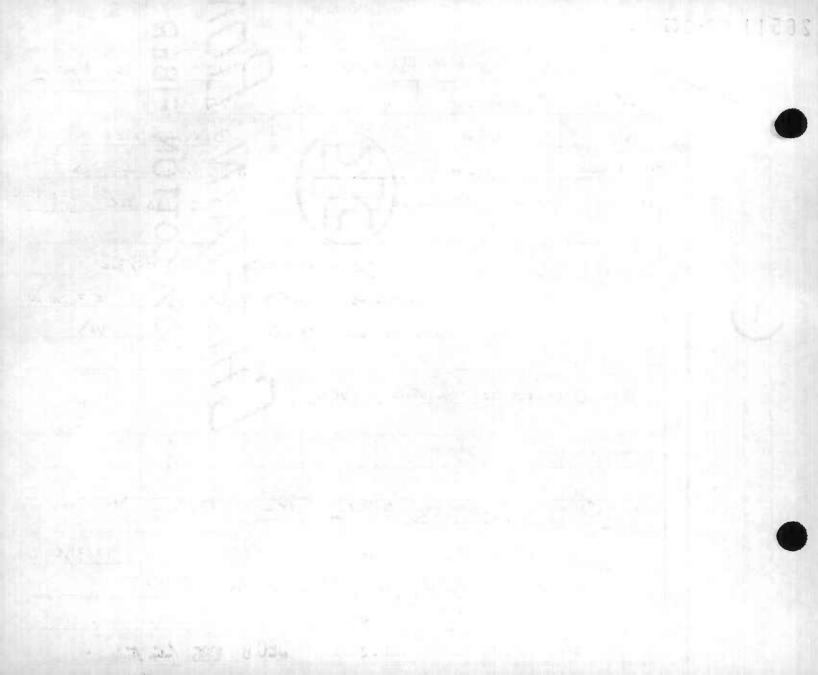
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DOR OR IS			22a   certify that the has	A CONTRACTOR OF THE PARTY OF TH	10 D	and that in (my) (aur) apinian	death occurred as the de	O d		that (I) (we) la
ATT OSPI OSPI defe	16	0.1	obove, (1) (we) (did) (did i 22b. SIGNATURE	nat ; view the body after dea	ilb-,		Gedin occurred on the da	re and noor		
OR A be ho DIRE ached ached Dept.			226. SIGNATURE	1/1	18 0	DEGREE O ATTENDING	MEDICAL STAF		22c. DATE	SIGNED
						PHYSICIAN	DIRECTOR PHYSIC		1/2	. 18.8
OSPI ed b d be d be he S	1	511	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		27e MODRESS	10-1/4	- /	Cc. 11	D.21101
etained by to FUNERAL should be detained State with the State IMPORTANT:	7		HILL			1000 3	Chon 4	C (	W 26	N LIWI
5 5 5 5 5		23a B	URIAL, CREMATION, REMOVA	AL 23b. DATE	230 NAME OF	CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		r Charty	87.75
BP		13	BURIAL	12-20-86	DORCH	ESTER MEM.P		GE DO	RCHES	TER M
DHMH - 16 60M 7/8	R4	24 FU	NERAL DIRECTOR 308	HIGH ST.,	CAMBRT	I I a Co a IVII I	C 2 2 1086	Sb. REGISTI	RAR'S SIGNAT	URE



20 DATE OF DEATH 26 HOUR 86 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH DERCHESTER INDUSTRISHELLFISH (TYPE OF WORK FOR MOST OF WORKING LIFE) WATERM BU 130. STREET ADDRESS / ZIP CODE Cambridge, MD. LAST MIDDLE GLOVER ADDRESS same as 13e BOY 306 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INFARETION) x 30 min PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN (SPECIFY) Spedden-Seward Cem. Neck Dist., Camb., Dor., Md 12/6/86 burial 24. FUNERAL DIRECTOR Curran Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 308 High St., Cambridge, MD. 21613 (VRA 15, 4)

STATE OF MARYLAND

REG. NO



8985 JAN	FOR STATE REGISTRAR				MENT OF H	EALTH		) NTAL HYGIE ATE OF DE	NE G	REG.	3 5	ing co	5	
		CEASED NAME FIRST				-	Kiah		OF ESTI- DEATH MATED X 12			26 <sub>19</sub> 8	26. HOUR 36 8A M	
0-7-	female	black	5. DATE OF BIRTH	0 <sup>YE AR</sup>	6 AGE (IN YEA LAST BIRTHDA 77 YR	MONTHS		UNDER 24 HRS	PRONOL DE A	INCED	12	26 19 8		
	BIRTHPLACE FOREIGN COUNTR TEXAS	Υ)		JSA		8. MARRIEI WIDOWE	D 🗆	R MARRIED   DIVORCED		Dor	chest	TY OF DEATH  Pr MD.		
10	Hur lo	ck	11. NAME OF HOS	MP	TREET ADDRESS]		RINSTITUTIO		SUAL OCC IR MOST OF WO	UPATION (1 DRKING LIFE)	YPE OF WORK	12b. KIND OI OR INDI		
3	SUAL RESIDENCE IO. STATE Md	E (IF IN NURSING HOME C	OR CTHE INSTITUTION, G TY OT		ORTOWN		3d. INSIDE CITY Yes 🗌	LIMITS? 130. ST	VIII i	amsbur	g Roa	d 2/6	43	
7	1. FATHER'S NA	d	MIDDLE		lis		Lai	ura	ΛE	WIDDIE		Holmes		
1 "	60 WAS DECEA: (YES, NO, OR UNK	SED EVER IN U.S. ARI	MED FORCES? WAR OR DATES]		1-40-16		Georg	ge E. Ki	iah F	.O.Bo		Cambri	dge, Md.	
At, CREWATION, OR REMOVAL	PART 2 OTHER	(o) stating the under- ause lost.  SIGNIFICANT CONDITIONS  OF OPERATION	(c)CONTRIBUTING TO DEATH	BUT NOT RELA	VSEQUENCE C	NAL DISEASE (						20 AUTO	PSY?	
	UNDERLYII CONTRIBU	NAL CAUSE WAS  NG OR  TING CAUSE OF I	DEATH P.A.	A. MONTH		21c HOV		CCURRED LENTE	R NATURE OF	INJURY IN ITEM	18 PART 1 OR P	YES		
ORE, MARYLAND, 21201	AT WORK	tole		scribed abo	ove, held an	Autopsy		C(FY)	Inquiretermined r	y	ond in my o	12-	-26-86	
TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BACTIMORE, MARYLAND, 2	EXAMINER (TYPE OR P	SNAME Peter	er W. Ried		M. D.			East New	Mark LOCATION			631 JNTY	STATE	
	Buria 4 FUNERAL DIR		12-28-86		Bethel	Cemet			Cambri		D	Or. SIGNATURE	Md.	
5))		t Funeral	Home 5	10 Wa	shingto		510	DEU31	1986	1 dia	Davido	n. Reade	ds:/	

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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D NAME			CEILLI	FICATE OF DEATH	REG. NO.			
-	FIRST	MIDDLE		LAST	20. DATE OF DEATH MO	NTH DAY	YEAR	2b. HOUR
	EVER	ETT E	m	IASON	12	73	28	0920 PM
3. SEX MALE		WHITE	S. DATE (		6 AGE (IN YEARS LAST BIRTHD	YRS	DER I YEAR	IF UNDER 24 HRS
7a. BIRTHPLACE (ST. Virgin		u.s.a.	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR C DORCHESTE	OUNTY OF	DEATH	MD
CAMBRID	GE	DORCHEST	ER GENER		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. Sand Blas	ORKING LIFE) IN	NDUSTRY	F BUSINESS OR Buildi
Maryla	nd Dorc	hester Mad:	nce before admission) OR TOWN LSOS	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZI		. Md	2164
Brodie	Darc	y Mason	n n	15. MOTHER'S MAIDEN NAM	AE MIDDLE		Hum	
160 WAS DECEASED LYES NO OR UNKNOW		WAR OR DATES)	14-0628	Mrs. Pauli	ne Merson.	same		#13
8 CAUSE OF PART I. DEA	DEATH (Enter only ATH WAS CAUSED IMMEDIATE	Total PTA	m Nigar	hive SERSI	5		BETWEEN C	MATE INTERVAL DISET AND DEATH
Conditions, if gove rise to cause (a), underlying	o immediate			IN DUETOC		efy	10	d
	1031	( O DIMI	ALL CE	LE LUNG C	HUCER		//	no
	r significant co	onditions <u>contribut</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	20g AUTOPSY2	ION GIVEN IN	N PART 110	NGS USED OF DEATH?
190 DATE OF O	R SIGNIFICANT CO	196 CONDITION FOR	ING TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 21 P	Db. IF YES, WE CERTIFYING YES	RE FINDING CAUSES	NGS USED
190 DATE OF O	R SIGNIFICANT CO	196 CONDITION FOR	NG TO DEATH BUT WHICH OPERATION WITH DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? 21 P	Db. IF YES, WE N CERTIFYING YES TEM 18 PART I (	RE FINDING CAUSES	NGS USED OF DEATH?
190 DATE OF O  210 ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC WHILE AT WORK  220 I certify th saw the di above, (I) (	PERATION  TAS UNDERLYING  G CAUSE OF DEATH FY MEDICAL EXAMINER)  CCURRED  NOT WHILE ALL WORK  TO THIS HOSPITO  ALL WORK  TO THIS HOSPITO  TO T	196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY	WHICH OPERATION  WHICH	NOT RELATED TO THE TERM IN WAS PERFORMED  21c HOW INJURY OCCURR 211 LOCATION	200 AUTOPSY?  YES NO FED (ENTER NATURE OF INJURY IN  CITY OR TOWN	DID. IF YES, WE OF CERTIFYING YES THEM 18 PART I OF CERTIFY ITEM 18 PART I OF CERTIFY ITEM 18 PART I OF CERTIFY I OF CERTI	RE FINDING CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE
21a ACCIDENT WORK ON THE BUTTON OR CONTRIBUTION (IF EITHER NOTHE AT WORK AT WORK AT WORK AT WORK (I) (22b. SIGNATUR	PERATION  AS UNDERLYING G CAUSE OF DEATH  FY MEDICAL EXAMINER)  CCURRED  NOT WHITE AT (I) this hospito  receased alive an (we) (did) (did nat)  RE  PARAMETER AND	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR view the bady after deat	NTH DAY YEAR  19  (Y, OFFICE, FARM ETC.)  d from	211 LOCATION STREET  ATTENDING PHYSICIAN  NOT RELATED TO THE TERM  211 LOCATION STREET  ATTENDING PHYSICIAN  PAGE  OF THE TERM  PAGE  ATTENDING PHYSICIAN  PAGE  P	200 AUTOPSY?  YES NO FED (ENTER NATURE OF INJURY IN  CITY OR TOWN	DID. IF YES, WE NOTE THE MERCENT OF	RE FINDING CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE
21a ACCIDENT WORK ON THE BUTTON OR CONTRIBUTION (IF EITHER NOTHE AT WORK AT WORK AS WE SHE AS AS WE	PERATION  AS UNDERLYING G CAUSE OF DEATH FOR MEDICAL EXAMINER)  CCURRED  NOT WHITE AT WORK  AND WORK  OCCURRED  AND WHITE GROWN (I will be ceeded allive and work)  AND WORK  AND WOR  AND WORK  AND WORK  AND WORK  AND WORK  AND WORK  AND WORK  AND	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR view the bady after deat	NTH DAY YEAR  19 (Y, OFFICE, FARM ETC.)  d from 27 h.	211 LOCATION STREET  21 (my) (aur) apinian d DEGREE  ATTENDING	20g AUTOPSY?  YES NO PER NATURE OF INJURY IN  CITY OR TOWN  1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DID IF YES, WE NOTER THE MERCHANT OF THE MERCH	REFINDING CAUSES ORPART 2) COUNTY  Literam the cause C	NGS USED OF DEATH? NO STATE  sthat (I) (we) last causes stated SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

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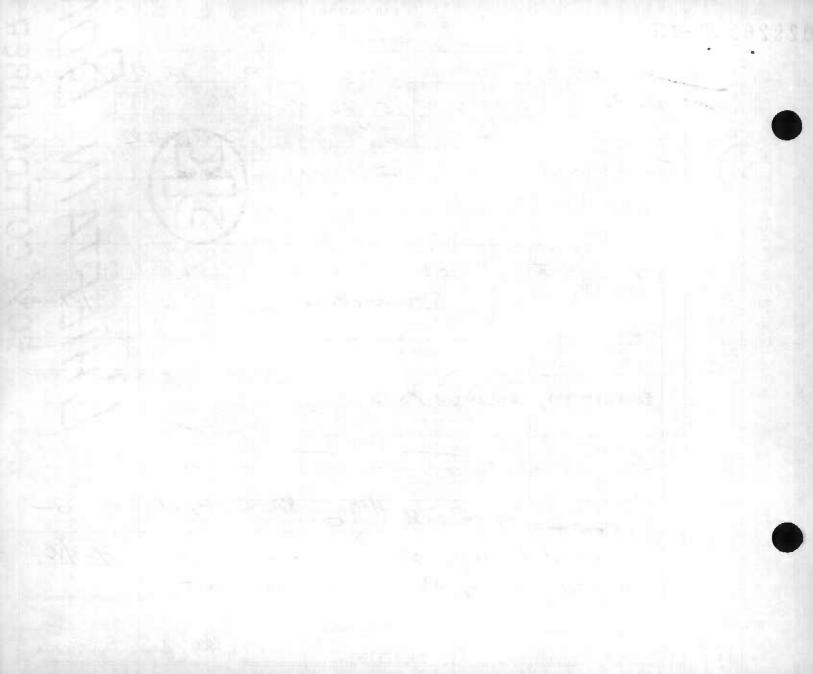
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Easton, Maryland

Newnam Funeral Home

(VRA 15, 4)

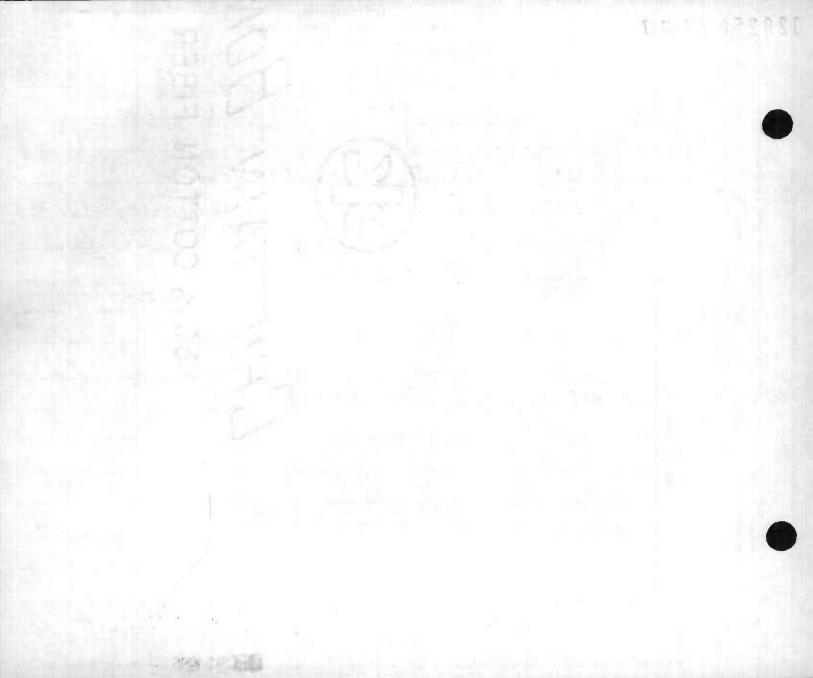


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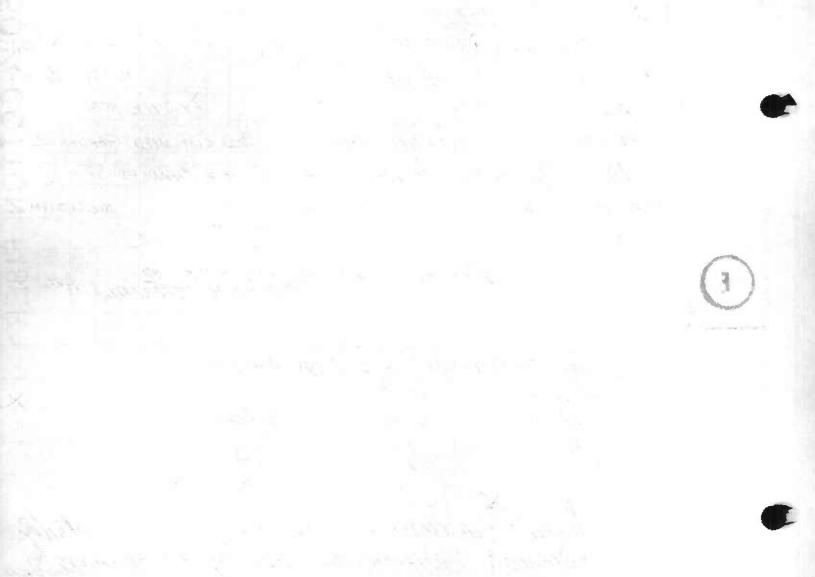
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Cambridge Md.

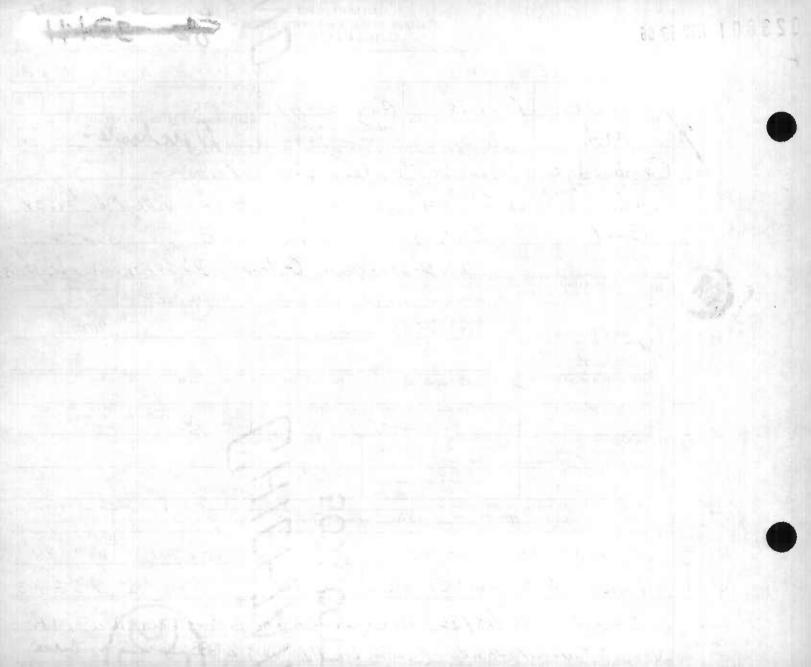
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029623 .1	1/7	FOR STATE		DEPARTMENT OF HEALT		EDEATH	
2 6 0 6 0 0	1. DE	REGISTRAR CEASED NAME FIRS		MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 25 HOHD
# & & & E	(TY	PE OR PRINT)	rman M	GREDITH	Shorten	OF ESTI-	17-31 1,80 10AM
A O E O E	3 SE		5. DATE OF BIRTH	6. AGE (IN YEARS IF U			MONTH DAY YEAR 24 HOUR
NECESSARY, PLEASE UNEAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS M. PRESTON STREET,		MW	MONTH DAY	23 63 YRS.	THS DAYS HOURS	PRONOUNCED DEAD	12-31 1986 10 FM
RAIN Y Y Y	36.8	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WI	AT COUNTRY?	RIED NEVER MARR	9. BALTIMORE CITY C	OR COUNTY OF DEATH
NECESSA FUNERAL S FOR Y NA PREST	0	My	V.S, WIDOWED DIVORCED DIVORCED DIVORCED				
LAY IS POTHE FILED.	10. 0	ITY OR TOWN OF DEATH	(IF) OT IN SUCH FA	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET (DIRESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYP) SEE EMPLOYE	OF WORK 12h KIND OF BUSINESS OR INDUSTRY
	WSD	AL RESIDENCE (IF IN NURSING HO	Dener	SIEN WEN. HO	58.		D CHARDENEY
B. 21201 F ANY DEI RETAIN 1 SHOULD BE		STATE MID 13b CC	DE A PURE DO	13c. CITY OR JOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	or ST.71643
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	14. F	ATHER'S NAME	Terreasion	+ Mureura	YES NO 15. MOTHER'S MAID	11- CAPACE	
A HANDER	CIE	THURMAN	MODLE	SHORTER	MAREN	ALIDDIE	MEREDITH
NOR NOR	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	HALT SCULLEDRESS	
BALTIN S AFTE GIVE P TITH FO PAGES WISION	L'	100	GIVE WAR OR DATES)	217-28-386	4 DO	els SHORTE	2
2 4 4		18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	ranly ane couse per line	for (a), (b), and (c).)	· >		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SET STATE OF SET			DIATE CAUSE (a)	BARLE CHRIL	te byske	HYMMUA 60	A A ST S
E ZZE		Conditions, if any, w		AS A CONSEQUENCE OF	Myou	ALDIACINFAR	enen
A EDWARD	-	gove rise to immed	iate (b)	AS A CONSEQUENCE OF	C		
B - B A A A A A		lying couse lost.	DOL TO, OK	AS A CONSEQUENCE OF			
2 G - 6 4 5		PART 2 OTHER SIGNE KANT CONDIT	IONS CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)	
L RECORDS  ULD BE EXECUTOR  "PENDING  F. MEDICAL  ED AS A BU  HEALTH AN  IL, CREMATI	Z	tu	SYNDE	MEXZ	DAYS DO	RATION	
TAL REHOULD RD "PE NHEF N USED / OF HE/	CERTIFICATION	190. DATE OF OPERATION	19h CONDIT	ION FOR WHICH OPPRATION	WAS PERFORMED?		20 AUTOPSY?
VITAL SHOULD WORD " E CHIEF BE USE		19 1		14/10		1	YES NO
O THE THE O		UNDERLYING	A HOUR A.M		HOW INJURY OCCUPA	ENE NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ISION ING THE TO TO SHOULD TO	MEDICAL	CONTRIBUTING USE	DEATH PLACE C	DE INJURY WHOME 21F LO	OCATION	1-	
DIVISI IS CER RECED RECED GE 3 SI TE DEP	A	WHILE AT WORK	STREET, FACT	ORY, FARM	STREET N	CITY OR TOWN	COUNTY STATE
TANA AL			Cal	1/10		A A	
EXAMINER: CGRTIFICATE WULD BE FOR: L DIRECTOR: 1, WITH THE S		22a. I certify that I took c	1	Accident , Suicide	psy 🔲, Inspectio ], Homicide 🔲,	Undetermined manner .	d in my opinion
ERTIE BURE		N	01	111.	TITL'SPECIFY)	onderermined mariner (	1/2
AL HOUSE		ACTUAL SIGNATURE	UK IJa	Vallamo	M.D. DEPUT	MEDICAL EXAMINER	DATE 2/3/1/6
EDIC JNER MOR		EXAMINER'S NAME	21212	M. 11 VIII A 410	NO &	Thous (	menne-la
TO MEDICAL EXAMI TO MEDICAL EXAMI PAGE AS SHOULD TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRINT)	KALD 11	Jeune 17119	ADDRESS	1 4217 - 11	MPHANAS (A)
	230.8	SURIAL, CREMATION, REMOV. SPECIFY) Burial	1/3/87	Unity Wash		IN LOCATION CITY OR TOWN	COUNTY STATE
BP	24.1	UNERAL DIRECTOR			ington Ce	REC'D. BY-REGISTRAR 1251 REG	Dorchester MD
DHMH - 17 (VR A15 ME (5))		Framptom-Ha	wkins, Port	.Box 43, Fed	erals= JA		
15M 2/80							



0.2	3 0 m) 100		FOR	STATE OF MARYLAND 8 6 3 5 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
0 2	2 O'ME IN MANA	3 1	STATE REGISTRAR		CERTIFICATE OF DEATH	CLO. NO.			
+	be age 3	I. DE	CR PRINT) BERNCE	R.	TRAVERS	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR - 86 11:30 AM		
	ge 4 may be ector, page irs after dea	3. SE.	engle	Black	S. DATE OF BIRTH  ANOMAN DAY  YEAR  1917	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN.		
	death. Page tune of direct thin 72 hours		OUNTRY) Md.	CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dyche	MD.		
1201	n by the f filed will be notified	C	TY OR TOWN OF DEATH	Or Che S	Tien (sex Hess.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY		
LAND 21	hin 24 ho sly filled in should be	130. 3	TATE DE COUNT	-Charle Camb		HOOSPRISVIlle	Md. /21634		
E, MARY	with with with with with with with with			MED FORCES? 166 SOCIALSE	r Ida	ADDRESS	Sores		
ALTIMOR		(	(IF YES, GIVE	WAR OR DATES) 2/7-36	-2444 6/ive- 6-7	rave-s IL 60x6	CEANWOO A SOLL		
N ST., B	1 C		DADT I DEATH WAR CALICED	CAUSE (0) MASSIVE	INTRA CEREBRAC	HEMORRH AGE	7 day		
I W. PRESTO	that the death by the off me case remove ca ol, cremotia r other troutla		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF THE PORT OF	をから10.0		4EDES		
ORDS, 20	requires en signe Then pli or to buri	NOIL		ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	rminal disease or condition giv	VEN IN PART Tro		
TAL RECORD	The low rection. The hos being strip permit giene price shows only	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO NO YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO		
N OF VII	CIAN: 1 phys entifica al-trar atol Hy em 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)		
DIVISION	ING PHYSI  or attending After this ce to she buri thought and Mer	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE		
	R ATTENDIN hospital or a RECTOR: Affi sed for use or ppt. of Health em 21 is mort		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE			n death occurred an the date and have			
	TAL Or the RAL DI detock to the Di NT: If if		Michael a. U	ostenic M.	ATTENIDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	11-11-86		
	TO HOSPITAL retained by to TO FUNERAL should be det with the State IMPORTANT:	730 0	MICHAEZ A.  URIAL CREMATION, REMOVAL	Woskewicz	nd. 503 13481		& MD. 21613		
	BP	-	DU-16/	23b. DATE, 15/86 23		ne fishing Creak	DOWN STATE		
	DHMH - 16 50M 4/B2 (VRA 15, 4)		NAME Y FLANSE	1 Home ADDRESS	mbi de e. MJ NO		TRAP'S SIGNATURE		



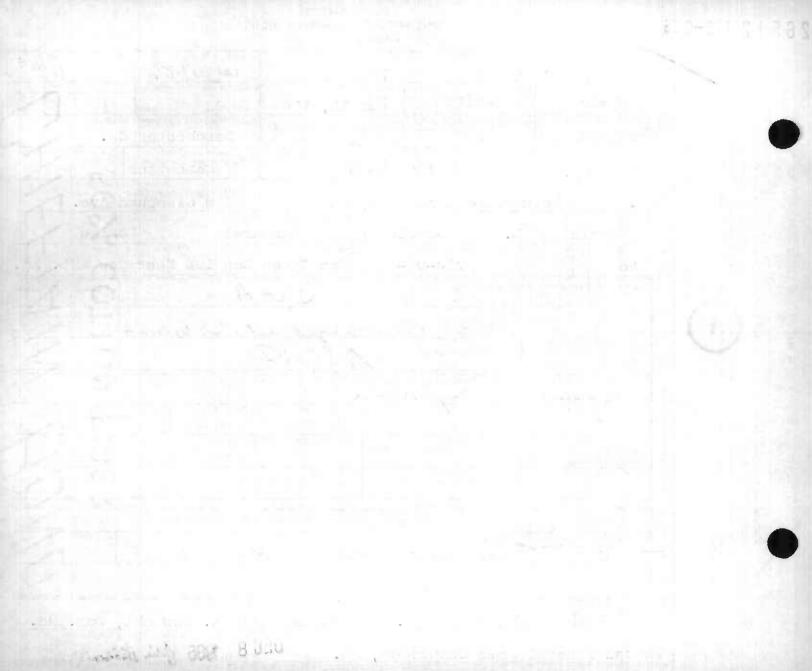
25 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Thomas Funeral Home Cambridge, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)



12-27-86

- STATE

7 REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial

24 FUNERAL DIRECTOR

Zeller Funeral Home, East New Market, MD

Unity Washington Cem.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Hurlock, Dorchester, MD C'D. BITREGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO.

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

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3 monte

STATE

STATE

IF UNDER I YEAR

INDUSTRY

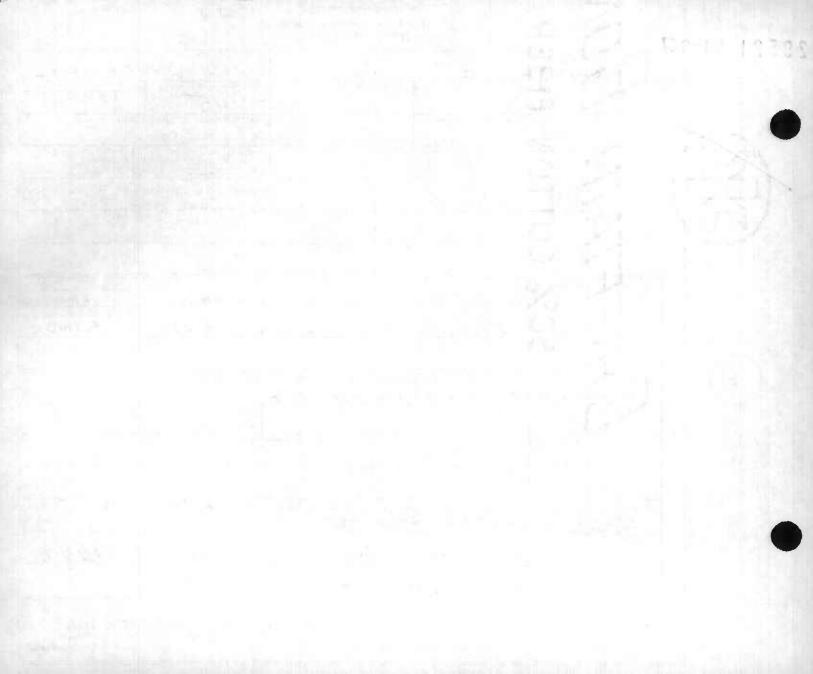
Kellev

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c DATE SIGNED

Seafood



STATE OF MARYLAND FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-Steven Young, Sr. DEATH MATED X 14 10 86 7:35A Henry 5. DATE OF BIRTH IE UNDER 24 HRS DATE PRONOUNCED 12 00 14 19 86 8:30A male Black 86 DEAD A BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA Dorchester WIDOWED X DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY Hurlock Laborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Railroad Hill Md Hurlock Dor. NO [ 14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE FIRST Linda Isaac Young Kane RIAL-TRANSIT PERMIT. PAGES 1 AND MENTAL HYGIENE, DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Box 292 (YES, NO. OR UNKNOWN) 218-07-9750 Steven H. Young, Jr. Federalsburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Extensive 4th degree burns with charring DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO TX 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR LINDERLYING A &M. 12 CONTRIBUTING CAUSE OF DEATH 14 1986 Trailer fire due to kerosene stove fire 21e PLACE OF INJURY 211 LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITII PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFER DEATH, WITH THE STATE DE BALTIMORE, MARKILAND, \$7201 P STREET, FACTORY, FARM, ETC.) COUNTY AT WORK AT WORK Railroad Hill Rd. home Hurlock Dor. Md. 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted from Hamicide Undetermined manner Suicide TITLE (SPECIFY) DATE SIGNED 12-17-86 Dep MEDICAL EXAMINER Peter W. Rieckert, M. D. East New Market, Md. 21631 EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Md. Young Cemetary Hurlock Dor. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Home 510 Washington St. (VR A15 ME (5)) 15M 2/80 Cambridge, Md. 21613

